



# IOWA INCIDENT REPORT

## Des Moines Police Department

100 Main Street  
Des Moines, IA 12331-2154  
(123) 456-7890

Case Number <b>08-00001</b>
Date/Time of Report <b>1/7/2008 9:00:00 AM</b>
Status <b>01 - Active</b>

<b>S U M M A R Y</b>	County <b>Polk - 77</b>		ORI Number <b>IA0770300</b>		
	Is Date and Time of Incident Known? <b>NO</b>	Incident Date or Lower Date Range <b>01/04/2008</b>	Upper Date Range <b>01/07/2008</b>	Incident Time or Lower Time Range <b>23:00</b> Hrs.	Upper Time Range <b>07:00</b> Hrs.
	Day of Week Incident Occurred		Exceptionally Cleared <b>N - Not Applicable</b>		Date Cleared Exceptionally
	<b>INCIDENT REPORTED BY</b>				
	Was Incident Reported by a Victim? <b>Yes</b>	Reporting Victim's Sequence No. <b>001</b>	Name - Last <b>SMITH</b>	First <b>JAMES</b>	Middle <b>JOHN</b>
Business Name (if Incident was Reported by a Business)			Address <b>1234 NW 9TH AVE</b>		
City <b>DES MOINES</b>		State <b>IA</b>	Zip Code <b>50313</b>	Home/Cell Phone <b>(515) 555-1234 Ext.</b>	Work Phone <b>(515) 555-9876 Ext.</b>

<b>N I B O R S E</b>	Seq. No. <b>001</b>	Code Section <b>716.6(2)</b>	Charges/Offense <b>CRIMINAL MISCHIEF 5TH DEGREE</b>	UCR Offense Code <b>Destruction/Damage/Vandalism of Property - 290</b>	
	Attempted/Completed <b>C - Completed</b>	Type of Criminal Activity (up to 3)			
	Type of Weapon/Force Involved (up to 3)			Gang Information (up to 2)	
	No. of Premises Entered	Method of Entry	Offender Suspected of Using (up to 3) <b>A - Alcohol</b>		
	<b>LOCATION OF OFFENSE</b>				
001	Location T type <b>20 - Residence/Home</b>		X Coordinate <b>00448960</b>	Y Coordinate <b>04616752</b>	
Literal Description <b>1324 NW 9TH ST</b>					

<b>O F F E N D E R</b>	Type of Offender <b>02 - SUSPECT</b>	Sequence No. <b>01</b>	NIBRS Offense Sequence Numbers <b>01</b>		Lesser Offense Sequence Numbers		
	Name - Last <b>DIRTBAG</b>	First <b>JOEY</b>	Middle <b>G</b>	Suffix			
	Alias(es)						
	Address <b>1515 WEST 6TH ST</b>		City <b>DES MOINES</b>	State <b>IA</b>	Zip Code <b>50313</b>	Home Phone <b>(515) 555-1212 Ext.</b>	
	DOB Known? <b>Yes</b>	DOB <b>08/08/1974</b>	Age or Lower Age Range <b>33</b>	Upper Age Range		SSN <b>### ## ####</b>	Resident Status <b>R - Resident</b>
	Driver's License - Number <b>123XX4567</b>	State <b>IA</b>	Gender <b>M - Male</b>	Height <b>6' 01"</b>	Weight <b>235 lbs</b>	Eye Color <b>Brown - BRO</b>	Hair Color <b>Red or Auburn - RED</b>
	Skin Tone <b>Light - LGT</b>		Race <b>W - White</b>		Ethnicity <b>N - Not of Hispanic Origin</b>		
	Scars/Marks/Tattoos <b>TATT-RT ARM-EAGLE</b>				Offender Present When Officer Arrived? <b>No</b>		
	Type of Injury (up to 5) <b>N - None</b>						

<b>EMPLOYMENT OR SCHOOL INFO</b>						
Employer or School <b>UNEMPLOYED</b>				Occupation		
Address		City	State	Zip Code	Work Phone	

<b>ARREST INFO</b>						
Offender Arrested? <b>No</b>	Arrest Trans. Booking No.	Type of Arrest			Arrest Date	Arrest Time Hrs.
Associated Offense Sequence No.		Miranda By		Miranda Date	Miranda Time Hrs.	
Arrestee Condition				Arrestee Armed With (up to 2)		
Place of Birth	Multiple Arrestee Indicator	Additional Incidents Cleared				

<b>JUVENILE INFO</b>						
Parent/Guardian Contacted?	Name - Last		First	Middle	Suffix	
Address		City	State	Zip Code		
Home Phone		Work Phone	Juvenile Arrestee Disposition			

V I C T I M  001	Type of Victim <b>I - Individual</b>	Sequence No. <b>001</b>	Name - Last <b>SMITH</b>	First <b>JAMES</b>	Middle <b>JOHN</b>	Suffix	
	Business/Organization/State/County/Municipality Name		Address <b>1234 NW 9TH AVE</b>		City <b>DES MOINES</b>	State <b>IA</b>	Zip Code <b>50313</b>
	Phone <b>(515) 555-1234 Ext.</b>	Alias(es)					
	DOB Known? <b>Yes</b>	DOB <b>08/08/1979</b>	Age or Lower Age Range <b>28</b>	Upper Age Range	SSN <b>### ## ####</b>	Resident Status <b>R - Resident</b>	
	Driver's License - Number <b>132XX1234</b>	State <b>IA</b>	Gender <b>M - Male</b>	Height <b>6' 01"</b>	Weight <b>185 lbs</b>	Eye Color <b>Blue - BLU</b>	Hair Color <b>Blonde or Strawberry - BLN</b>
	Skin Tone <b>Fair - FAR</b>	Race <b>W - White</b>	Ethnicity <b>N - Not of Hispanic Origin</b>		Scars/Marks/Tattoos		
	Type of Injury (up to 5)						
	<b>EMPLOYMENT OR SCHOOL INFO</b>						
	Employer or School <b>WELLS FARGO</b>				Occupation <b>BANK TELLAR</b>		
	Address		City <b>DES MOINES</b>	State <b>IA</b>	Zip Code <b>50311</b>	Work Phone <b>(515) 555-9876 Ext.</b>	
<b>VICTIM CONNECTED TO UCR OFFENSE CODES</b>							
UCR Offense Code 1 <b>Destruction/Damage/Vandalism of Property - 290</b>			UCR Offense Code 2				
UCR Offense Code 3			UCR Offense Code 4				
UCR Offense Code 5			UCR Offense Code 6				
UCR Offense Code 7			UCR Offense Code 8				
UCR Offense Code 9			UCR Offense Code 10				
<b>ADDITIONAL OFFENSE CIRCUMSTANCE INFO</b>							
Aggravated Assault/Homicide Circumstances (up to 2)							
Additional Justifiable Homicide Circumstances							
<b>VICTIM'S RELATIONSHIP TO OFFENDER(S)</b>							
First Offender Seq. No.	Victim's Relationship to First Offender			Second Offender Seq. No.	Victim's Relationship to Second Offender		
Third Offender Seq. No.	Victim's Relationship to Third Offender			Fourth Offender Seq. No.	Victim's Relationship to Fourth Offender		
Fifth Offender Seq. No.	Victim's Relationship to Fifth Offender			Sixth Offender Seq. No.	Victim's Relationship to Sixth Offender		
Seventh Offender Seq. No.	Victim's Relationship to Seventh Offender			Eighth Offender Seq. No.	Victim's Relationship to Eighth Offender		
Ninth Offender Seq. No.	Victim's Relationship to Ninth Offender			Tenth Offender Seq. No.	Victim's Relationship to Tenth Offender		
<b>SPECIAL CIRCUMSTANCES</b>							
Not Applicable <input checked="" type="checkbox"/>		Bias Crime <input type="checkbox"/>	Domestic Abuse <input type="checkbox"/>	LEOKA <input type="checkbox"/>			
<b>BIAS CRIME</b>							
Bias Motivation				Target Code			
Bias Group Affiliations							
<b>DOMESTIC ABUSE</b>							
Children Present?	Seq. No. of Domestic Abuse Offender	Domestic Abuse Referrals (up to 6)					
<b>LAW ENFORCEMENT OFFICER KILLED OR ASSAULTED</b>							
Officer Killed or Assaulted				Type of Assignment			
Body Armor				Call Type			

<b>P R O P E R T Y</b>  001	Type of Loss/Etc. <b>4 - Destroyed/Damaged/Vandalized</b>		Property Sequence Number <b>001</b>	Associated Offense Seq. No. <b>001</b>
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#	Property Description	Value of Property	Date Recovered	Property Details
1	29 - Structures - Single Occupancy Dwellings	\$500.00		SPRAY PAINT DAMAGE TO VICTIM'S HOUSE
2				
3				
4				
5				
6				
7				
8				
9				
10				

**STOLEN MOTOR VEHICLES**


Number of Stolen Vehicles	Number of Recovered Vehicles
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**SUSPECTED DRUG INFO**

Suspected Drug Type 1	Estimated Drug Quantity	Type of Drug Measurement
Suspected Drug Type 2	Estimated Drug Quantity	Type of Drug Measurement
Suspected Drug Type 3	Estimated Drug Quantity	Type of Drug Measurement

**OFFICER'S INVESTIGATIVE NOTES**

VICTIM ADVISED THAT HE HAS BEEN HAVING AN ONGOING ARGUMENT WITH THE SUSPECT, JOEY DIRTBAG. VICTIM ADVISED THAT HE SUSPECTS DIRTBAG OF SPRAY PAINTING GANG SYMBOLS ON HIS RESIDENCE SOMETIME OVER THE WEEKEND. UNABLE TO LOCATE DIRTBAG FOR QUESTIONING AT THE TIME OF THIS REPORT.

<b>O F F I C E R</b>	Complainant/Reporting Party Signature			
				
	Reporting Officer <b>ADMIN SYSTEM</b>	Badge Number <b>SYSADMIN</b>	Video Taken? <b>00 - NONE</b>	Evidence Seized? <b>No</b>
Supervisor	Badge Number	Incident Assigned To		